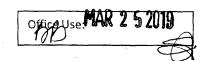


Missouri Ethics Commission (MEC)

PO Box 1370, Jefferson City MO 65102, (800) 392-8660, www.mec.mo.gov



Statement of Committee Organization

Statement Information		
Date: 03/19/2019	2400	0
Type: \square New \blacksquare Amended (if amending, enter MEC ID $C180$	0490 & section cha	anged <u>3</u>
Committee Information		
Uniting Missouri PAC		
Name of Committee		570 045 5070
P.O. Box 444 Committee Mailing Address, City, State, & Zip		(573) 915-5079
committee (valing Address, City, State, & Zip	St. Francois County	relephone Number
	County Clerk or Board of Election Commissio	
Committee Type: 🔲 Campaign 🔲 Candidate 🗏 Continuing (F	PAC) Li Debt Service Li Expli	oratory Li Political Party
Treasurer/Deputy Treasurer Information	<u> </u>	
Charlotte Boyer		
Treasurer's Name (First & Last)	Treasurer's Email Address (optional)	
445 Cherry Creek Lane, Farmington, MO 63640	(573)915-5079	()
Treasurer's Mailing Address, City, State, & Zip	Treasurer's Home Telephone Number	Treasurer's Work Telephone Number
Deputy Treasurer's Name (if one appointed)	Deputy Treasurer's Email Address (optional)	
sepory recover strains in one appointed	/ \	/
Deputy Treasurer's Mailing Address, City, State, & Zip	Dep. Treasurer's Home Telephone Number	() Dep. Treasurer's Work Telephone Num
Additional Committee Information	<u> </u>	
Additional Committee Officer's Name & Title (if any)	Additional Committee Officer's Mailing Addr	ess, City, State, & Zip
Connected Organization Name (if any)	Connected Organization's Mailing Address, C	City, State, & Zip
CANDIDATES: Do you have more than one candidate committee:	? 🗆 Yes (refer to instructions on	back) 🗆 No
Official Bank Account Information (required by all committees)		
	•	•
Name & Mailing Address, City, State, & Zip of Financial Institution	Account Name	Account Number
Candidate Supported or Opposed (candidate committees must	include self if candidate)	
Candidate Supported of Opposed (candidate committees must		
Name & Mailing Address, City, State & Zip of Candidate	() Telephone Number (Candidate Committees	Only)
	- <u>- </u>	<u></u>
Election Date Office Sought & Political Subdivision	Political Party	Support or Oppose
Callet Manager Supposed on Opposed Learning	nust commisto this costion	
Ballot Measure Supported or Opposed (campaign committees n	nust complete this section)	
Name of Ballet Measure	Election Date & Political Subdivision	Support or Oppose
Name of Ballot Measure	Election Date & Fultical Subdivision	Paphouse Obbose
Signature(s) Check certification(s) & sign (required by all committees)		
I affirm and attest under penalty of perjury that information and facts in this report are complete, true, and accurate.		
further acknowledge that I am aware that any false statement or declaration made herein is punishable under Ch. 575 RSMo		
\mathcal{L}	,	
(harlotte Doyer	Candidate (Candidate Committees Only)	
Committee i casulti	Contracte (Contracte Contributed Only)	

MO 300-1308 Packet (Rev. 12/2016)